

MAR 31 2006

Atty Docket No. 16869S-042100US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Eleni A. Shiferaw

Group Art Unit 2136

## OFFICIAL COMMUNICATION

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## CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Kazuya Uemura, et al., Application No. 10/062,949, filed January 30, 2002 for AUTHENTICITY OUTPUT METHOD AND ITS APPARATUS, AND PROCESSING PROGRAM are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1); Petition for Extension of Time (2); and Amendment

Number of pages being transmitted, including this page: 14

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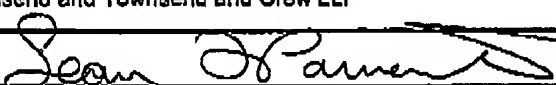
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PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/062,949	
	Filing Date	January 30, 2002	
	First Named Inventor	Uemura, Kazuya	
	Art Unit	2136	
	Examiner Name	Eleni A. Shiferaw	
Total Number of Pages in This Submission	13	Attorney Docket Number	18889S-042100US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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